



# Louisiana Board of Pharmacy

5615 Corporate Blvd., Suite 8-E  
Baton Rouge, Louisiana 70808-2537

Telephone (225) 925-6496  
Facsimile (225) 925-6499  
Web address: [www.labp.com](http://www.labp.com)  
Email: [labp@labp.com](mailto:labp@labp.com)

## NOTIFICATION OF CLOSURE OF PHARMACY PERMIT

10 Day Prior Notification of Closure Required (LAC 46:LIII§1133.A.2.)

### INSTRUCTIONS:

- 1) Complete page 1 and submit to the board office not less than 10 days prior to the anticipated date of closure.
- 2) Complete page 2 and submit to the board office after completion of required closing procedures of your pharmacy.

### SECTION 1 – Pharmacy Information (Enter information as it appears on your pharmacy permit)

Pharmacy Name:	LA Board of Pharmacy Permit Number:	
Pharmacy Address:		
City:	State:	Zip:
Pharmacy Telephone Number (including area code):		
Pharmacist-in-Charge (PIC – signature required below):	PIC LA License Number:	
Anticipated closure date of the prescription department:		

### SECTION 2 – Custodian of Transferred Prescription Files (LAC 46:LIII§1133.A.2.b.)

Pharmacy Name:	LA Board of Pharmacy Permit Number:	
Pharmacy Address:		
City:	State:	Zip:

### SECTION 3 – Intended Recipient of Prescription Drug Sale or Transfer (LAC 46:LIII§1133.A.2.c.)

Pharmacy Name:	LA Board of Pharmacy Permit Number:	
Pharmacy Address:		
City:	State:	Zip:

\_\_\_\_\_  
(Signature of Permit Holder)

\_\_\_\_\_  
(Date)



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## FINAL NOTIFICATION OF CLOSURE OF PHARMACY PERMIT

10 Day Prior Notification of Closure Required (LAC 46:LIII§1133.A.2.)

### INSTRUCTIONS:

- 1) Complete page 1 and submit to the board office not less than 10 days prior to the anticipated date of closure.
- 2) Complete page 2 and submit to the board office after completion of required closing procedures of your pharmacy.

### SECTION 1 – Pharmacy Information (Enter information as it appears on your Pharmacy Permit)

Pharmacy Name:		LA Board of Pharmacy Permit Number:	
Pharmacy Address:			
City:		State:	Zip:
Pharmacy Telephone Number (including area code):		Actual closure date of prescription the department:	
Pharmacist-in-Charge (PIC – signature required below):		PIC LA License Number:	

### SECTION 2 – Public Notice (LAC 46:LIII§1133.A.1.) Attach a legible copy of your public notice(s).

### SECTION 3 – Recipient of Inventory (Attach additional pages if necessary)

Name:		LA Board of Pharmacy Permit Number (if applicable):	
Address:			
City:		State:	Zip:

### SECTION 4 – Location of Pharmacy Records (CDS/non-CDS records, order forms, inventories, purchase records, etc.)

Contact Name:		Contact Telephone Number (including area code):	
Address:			
City:		State:	Zip:

### SECTION 5 – Surrender of Permits

- 1) Attach your voided Louisiana pharmacy permit and Louisiana CDS license (if applicable)
- 2) Return unused DEA 222 order forms and DEA registration to:  
Drug Enforcement Administration (DEA)  
3838 North Causeway Blvd. Suite 1800  
Lakeway III  
Metairie, LA 70002-8198

\_\_\_\_\_  
(Signature of Permit Holder)

\_\_\_\_\_  
(Date)